

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	EIH		09-05-01
<b>O.I.P.E. CLASSIFIER</b>	1	32	9/13
<b>FORMALITY REVIEW</b>	SFT	1085	10-4-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

10/14/01